


<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 418268001US		
Application No. 10/789,805-Conf. #5629	Filing Date February 27, 2004	Examiner C. A. Stroder	Art Unit 3689		
Applicant(s): Smith et al.					
Invention: METHOD AND SYSTEM FOR A SERVICE CONSUMER TO CONTROL APPLICATIONS THAT BEHAVE INCORRECTLY WHEN REQUESTING SERVICES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	26	- 30 =		x	
<b>Independent Claims</b>	4	- 4 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month					130.00
Information Disclosure Statement					180.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					310.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>50-0665</u> in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by EFT Account SEA1PIRM in the amount of <b>\$310.00</b> is hereby authorized.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0665</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Maurice J. Pirio Attorney/Agent Reg. No.: 33,273			Dated: <u>January 20, 2009</u>		
PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000					